Department:		
Director:		
Coordinator:		
Date:		
Phone:		
Type of Gift	Total Number of Givers	Total Amount Given
Payroll Deduction: One-Time Only		
Payroll Deduction: Per Pay Period		
Money Order / Cashier's Check		
Checks		
Total Employee Giving (Totals of Previous 4 Lines)		
•		
Person Preparing Report Departs	ment Coordinator's Signature	 Director's Signature

Date

Date

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	FOCL Asines municipal

Date